

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/18/2014	
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP CODE 651 S STATE ST FRANKLIN, IN 46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/02/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/18/14</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 400 and 600 Halls was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>This one story facility consists of two sections: the original building built in 1985 determined to be of Type V (111) construction was fully sprinklered, and the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, in all areas open to the corridor and hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 115 and had a census of 105 at the time of this survey.</p>			{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services which was not sprinklered.	{K 000}			
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/19/14. INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/02/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/18/14 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 300 Hall built in 2005 and Rehabilitation Room addition were surveyed with Chapter 18, New Health Care Occupancies. This one story facility consists of two sections: the original building built in 1985 determined to be of Type V (111) construction was fully sprinklered, and the New Wing addition added to the south of	{K 000}			

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{K 000}	Continued From page 2 the original building in 2005 is of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, in all areas open to the corridor and hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 115 and had a census of 105 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services which was not sprinklered.	{K 000}			